

Appendix A-1

OCAO Telework Application

Section I: Demographics

Employee's Name:

Telephone #:

Job Title:

Series and Grade:

Division:

Office:

Supervisor's Name and Title:

Official Duty Station:

Section II: Alternative Worksite Information

Location of the Telework Office:

Contact Telephone Number:

Telework Schedule

Days at Alternative Worksite:

Days at the OCAO worksite:

Hours on Duty:

Description of work to be performed:

Equipment/Supplies

The employee agrees to protect any Government-owned equipment and/or supplies and to use the equipment only for official purposes. Any government-owned equipment issued to the employee will be serviced, maintained, and installed, if applicable, by NOAA. The employee is responsible for maintaining, installing, and the servicing of any personal equipment needed. The supervisor will provide the employee with all necessary office supplies and also reimburse the employee for business-related long distance telephone calls.

Equipment needed to perform work at alternative worksite:

NOAA Furnished

Employee Furnished

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OCAO Telework Agreement

The telework agreement defines the terms and conditions for working at an authorized alternative worksite.

Voluntary Participation

The employee voluntarily agrees to work at the approved alternative worksite indicated on the attached Telework Application. The supervisor concurs with the employee's participation. The employee and supervisor agree to follow all applicable policies and procedures established by the Department of Commerce and NOAA. The employee recognizes that telework is not an employee entitlement but an additional method the employer may approve to accomplish work.

Expectations for Emergency Work

When practicable, teleworkers are expected to work in the case of a continuity event such as a national or local emergency, during an emergency event involving inclement weather, or another situation that may result in a disruption to normal office operations.

Performance/Work Assignments

The employee's most recent performance rating of record and current performance must be at least *Eligible* or *Meets or Exceeds Expectations*. The employee understands that a decline in performance may be grounds for canceling or modifying the telework agreement. The employee agrees to complete all assigned work according to procedures mutually agreed upon by the employee and the supervisor and according to guidelines and standards in the employee's performance plan.

Alternative Worksite Costs

The employee understands that the Government will not be responsible for any operating costs that are associated with the use of the employee's home as an alternative worksite.

Official Duty Station and Alternative Worksite (AW)

The supervisor and employee agree that all pay, leave, and travel entitlement are based on the official duty station.

Entitlement to Reimbursements

The supervisor understands that the employee does not relinquish any entitlement to reimbursement for authorized expenses incurred while conducting business for the Government, as provided for by statute and regulations.

Alternative Worksite Inspection

The employee agrees to permit the Government to inspect the alternative worksite during scheduled working hours. The supervisor and employee agree the purpose of any such inspection will be to ensure the designated work area is adequate for performance of the employee's official duties, meets required safety and security requirements, and to ensure proper maintenance of Government-owned property.

Salary and Benefits

The supervisor and employee agree signing a telework agreement is not a basis for modifying the employee's salary or benefits.

Overtime

The employee agrees to work overtime only when ordered and approved in writing by the supervisor and in advance of working the overtime. The employee understands that overtime work without such approval may not be compensated and may result in the termination of the telework agreement.

Leave

The employee agrees to follow established office procedures for requesting and obtaining approval of leave. The employee understands if an emergency condition occurs either effecting the alternative worksite or the Federal government, the employee must contact the supervisor for dismissal procedures.

Time and Attendance Reports

The supervisor and employee are responsible for ensuring the accuracy of time and attendance reported for the employee's work at the official duty station and the alternative worksite. The supervisor agrees to certify biweekly the employees time and attendance report. The employee agrees to report telework hours using the appropriate time and attendance system codes.

Conducting Personal Business

The employee agrees not to conduct personal business at the alternative worksite while in an official duty status, for example, caring for dependents or making home repairs.

Liability

The employee understands that the Government is not liable for damages to an employee's personal or real property while the employee is working at the approved alternative worksite, except to the extent the Government is held liable by the Federal Tort Claims Act or the Military Personnel and Civilian Employees Claims Act.

Worker's Compensation

The employee understands that (s)he is covered by Federal Employee's Compensation Act if injured in the course of performing official duties at authorized work locations. The employee agrees to notify his/her supervisor immediately of any accident or injury that occurs and to complete any subsequent forms that may be required. The supervisor agrees to investigate such a report immediately.

Maintenance of Records

The supervisor is responsible for maintaining all forms and records associated with this agreement.

Standards of Conduct

The employee agrees to abide by the Standards of Ethical Conduct for Employees of the Executive Branch while working on official duty.

Disclosure

The employee agrees to protect Government records from unauthorized disclosure or damage and will comply with requirements of the Privacy Act of 1974, 5 U.S.C. 552a.

Cancellation

The supervisor and employee understand that either party may cancel the telework agreement with reasonable notice. The supervisor may require the employee to resume working at his/her official duty station. Reasons for cancellation will be documented by the supervisor and/or employee on NOAA's Telework Termination Form and filed with this agreement.

Compliance with this Agreement

The employee's failure to comply with the terms of this agreement may result in the termination of this agreement. Failure to comply with the provisions of this agreement may result in appropriate disciplinary or adverse action against the employee if just cause exists to warrant such action.

By signing this agreement, the employee certifies that he/she has read the terms of this agreement and agrees to follow the policies and procedures outlined in them as well as all other applicable policies and procedures.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

This agreement shall expire on 9/30/2012, unless cancelled or terminated earlier by either the supervisor and/or employee, or renewed by agreement of the employee and supervisor.

A copy of the agreement will be retained by the supervisor and the employee for reference.

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OCAO Safety Checklist

The following checklist is designed to assess the overall safety of the alternative worksite. Please read and complete the self-certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

Workplace Environment

1. Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance? Yes [] No []
2. Are all stairs with four or more steps equipped with handrails? Yes [] No []
3. Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service? Yes [] No []
4. Do circuit breakers clearly indicate if they are in the open or closed position? Yes [] No []
5. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? Yes [] No []
6. Will the building's electrical system permit the grounding of electrical equipment? Yes [] No []
7. Are aisles, doorways, and corners free of obstructions to permit visibility and movement? Yes [] No []
8. Are file cabinets and storage closets arranged so drawers and doors do not open into walkways? Yes [] No []
9. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? Yes [] No []
10. Is the office space neat, clean, and free of excessive amounts of combustibles? Yes [] No []
11. Are floor surfaces clean, dry, level, and free of worn or frayed seams? Yes [] No []
12. Are carpets well secured to the floor and free of frayed or worn seams? Yes [] No []
13. Is there enough light for reading? Yes [] No []

Computer Workstation (if applicable)

1. Is your chair adjustable? Yes [] No []
2. Do you know how to adjust your chair? Yes [] No []
3. Is your back adequately supported by a backrest? Yes [] No []
4. Are your feet on the floor or fully supported by a footrest? Yes [] No []
5. Is it easy to read the text on your screen? Yes [] No []
6. Do you have enough leg room at your desk? Yes [] No []
7. Is the screen free from noticeable glare? Yes [] No []
8. Is the top of the screen eye level? Yes [] No []
9. Is there space to rest the arms while not keying? Yes [] No []
10. When keying, are your forearms close to parallel with the floor? Yes [] No []
11. Are your wrists fairly straight when keying? Yes [] No []

I hereby certify that I will take all necessary corrective actions to eliminate any hazard (as revealed by a negative response) before I begin to telework.

Employee's Signature and Date: _____

Approved [] Disapproved []

Supervisor's Signature and Date: _____

A copy of this form should be maintained by the supervisor and employee. A new agreement must be signed at the end of every fiscal year at the time of the employee's appraisal.